

ORIGINAL

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

11 APR -6 PM 1:37

Date Received
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BOARD OF SUPERVISORS
SAN FRANCISCO
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
CAMPOS	DAVID	F.

1. Office, Agency, or Court

Agency Name
San Francisco Board of Supervisors

Division, Board, Department, District, if applicable
District 9

Your Position
Supervisor

► If filing for multiple positions, list below or on an attachment.

Agency: (1) SF County Transportation Authority; (2) LAFCO
Position: Commissioner

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge (Statewide Jurisdiction)

☐ Multi-County ☒ County of San Francisco

☒ City of San Francisco ☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010. ☐ Leaving Office: Date Left ____/____/____
(Check one)

The period covered is ____/____/____, through December 31, 2010.

☐ Assuming Office: Date ____/____/____ ☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Candidate: Election Year ____ Office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached ☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached ☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-28-11
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <i>DAVID CAMPOS</i>
--

▶ NAME OF SOURCE
JAMES ANAD, CLUB PAPI PRODUCTIONS
 ADDRESS (Business Address Acceptable)
273 Addison St., SF CA 94131
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>10/20/10</i>	<i>\$ 85.00</i>	<i>SF Giants (1) TICKET</i>
	\$	
	\$	

▶ NAME OF SOURCE
SF 49ERS / REC & PARK DEPT.
 ADDRESS (Business Address Acceptable)
490 JAMES AVE, SF CA 94124
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>10/10/11</i>	<i>\$ 180.00</i>	<i>SF 49ERS TICKETS (2)</i>
	\$	
	\$	

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name DAVID CAMPOS

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE BARCELONA City Council	
ADDRESS (Business Address Acceptable) PL. SAINT JAUME, 1, BARCELONA	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): 9/18/10 - 9/21/10 AMT: \$ 1,578 <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: Represented City in signing of sister city agreement	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION:	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION:	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION:	

Comments: _____

San Francisco County Transportation Authority

100 Van Ness Avenue 26th Floor
San Francisco, California 94102-5244
415.322.4800 FAX 415.322.4829
info@sfta.org www.sfta.org

John St. Croix, Executive Director
San Francisco Ethics Commission

(d)(5)

Subject: Filing of Form 700 as Commissioner of the Transportation Authority

Dear Mr. St. Croix:

This is to inform you that the Form 700 I filed on 3 / 28 / 11, also applies in my
(Month / Date / Year)
capacity as Commissioner of the San Francisco County Transportation Authority.

Sincerely,

(d)(5)

Commissioner



Moving the City

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